

Issued: 11/98

Appendix 34

Understanding Explanation of Benefits Messages on the American Dental Association Claim Form

Use this chart to better understand EOB messages you receive. The second column indicates the EOB message, the place in the handbook to find clarifying information, and the claim form element that triggered the message. This chart references only the dental claim form, although the same messages may be received when using the HCFA 1500 claim form.

EOB

<u>Code</u>	<u>Message, Resource, and Related Claim Form Element</u>
29	Recipient's last name does not match number. Wisconsin Medicaid card or other eligibility resource - Part A, Section I.C. Element 4
614	Recipient's first name does not match number. Wisconsin Medicaid card or other eligibility resource - Part A, Section I.C. Element 4
281	Recipient MA number incorrect. Wisconsin Medicaid card or other eligibility resource - Part A, Section I.C. Element 2
10	Recipient eligible for Medicare. Bill Medicare first. (Surgical Procedures) Part A, Appendix 17 If Medicare allowed charges - Attach Medicare EOMB If Medicare denied charges - Element 15A - use M-code and do not attach EOMB.
273	Resubmit Wisconsin Medicaid covered services denied by Medicare. Part A, Appendix 17 Element 15A - Use M-Code. Do not attach EOMB.
278	Wisconsin Medicaid files show recipient has other commercial ins. Part A, Appendix 18 - Bill denied services on separate claim from paid services to maximize benefits. Element 15A and 42
192	Prior authorization required for this service. Part B, Appendix 9 through 19 (Limitations) Element 2
424	Billing provider name/number missing, mismatched, or invalid. Element 1 & 21
425	Performing provider name/number missing, mismatched, or invalid. Element 40
177	Place of service invalid or not payable. Part B, Appendix 30 Element 28

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EOB

<u>Code</u>	<u>Message, Resource, and Related Claim Form Element</u>
93	Procedure code modifier (tooth letter, number, UU/LL) invalid. Part B, Appendix 9 (Limitations) Element 37
388	Procedure code is incorrect (not on EDS file). Part B, Appendix 9 through 19 (not all ADA codes are valid for Wisconsin Medicaid) Element 37
116	Procedure not a benefit on date of service. Part B, Appendix 9 through 19 Elements 37
247	Procedure code obsolete for date of service. Part B, Appendix 9 through 19 Element 37
172	Recipient not eligible for DOS billed. Element 37
171	Claim/adjustment received after 12 months from date of service. Part A, Section 9 F Element 37
865	Service covered only in emergency. Indicate with "E"- definition p.B10 - Keep documentation in recipient record Element - For Administrative Use Only
84	Signature or date missing. Element 39
100	Claim previously/partially paid on (claim number and R & S date). Part A, Appendix 27 Adjustment Request Form

NOTE: ADA Claim Form Completion Instructions are found in the Part B Provider Handbook, Appendix 27.